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ABSTRACT

This annotated bibliography presents 86 entries classified into the following sections: (1) Regional Conferences, (National Institute of Mental Health planning conferences on inservice training held in 1963), (2) Multidiscipline, Multilevel Training, (3) Professionals (administrators, psychiatrists, psychologists, psychiatric nurses), (4) Child Care Workers, (5) Aides, Attendants, Technicians, and (6) Volunteers. A subject index is included. Related inservice training bibliographies pertaining to community mental health key professionals and allied personnel are available as VT 009 916 and VT 009 917. (JK)

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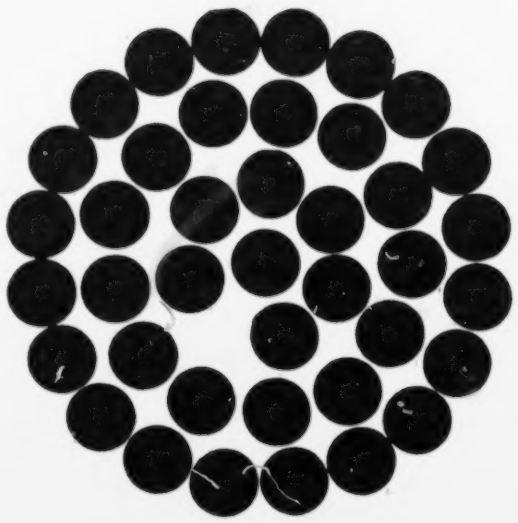

annotated bibliography on

INSERVICE TRAINING

IN MENTAL HEALTH

● FOR STAFF IN RESIDENTIAL INSTITUTIONS

This annotated bibliography is the third in a group of three publications containing references on community and institutional mental health inservice training. Periodical literature is cited through August 1967. No claim is made for exhaustive coverage. The Health Services and Mental Health Administration is grateful for the permission granted by another organization to include their abstracts in this publication; in such cases, the source is given parenthetically.

In the expectation that these bibliographies will be ongoing, the project administrators (listed in the Introduction) welcome comments and suggestions with respect to additions, deletions, classification system, indexing, and technical or typographical errors.

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ANNOTATED BIBLIOGRAPHY ON INSERVICE TRAINING IN MENTAL HEALTH FOR STAFF IN RESIDENTIAL INSTITUTIONS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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INTRODUCTION

This bibliography pertains to inservice mental health training for personnel in residential institutions. It contains references on training in mental hospitals, institutions for the mentally retarded, child care residential institutions, and nursing homes. Selected references on aspects of training professional personnel, technicians, aides, attendants, and volunteers are included. This is the third of a group of three bibliographies on mental health inservice training. References in all three are arranged in classified order, annotated, and indexed by types of personnel and by specific training concepts. In any search, reference to the indexes of all three publications in the group is encouraged.

Other titles in the group are:

Annotated Bibliography on Inservice Training for Key Professionals in Community Mental Health

Annotated Bibliography on Inservice Training for Allied Professionals and Nonprofessionals in Community Mental Health

A related group of classified, annotated, and indexed bibliographies on training methodology consists of four publications:

Training Methodology–Part I: Background Theory and Research

Training Methodology–Part II: Planning and Administration

Training Methodology–Part III: Instructional Methods and Techniques

Training Methodology–Part IV: Audiovisual Theory, Aids, and Equipment

These seven publications were developed as a joint effort of the National Institute of Mental Health and the National Communicable Disease Center of the Health Services and Mental Health Administration, Public Health Service, U.S. Department of Health, Education, and Welfare. The project was administered by the National Institute of Mental Health's Community Mental Health Centers Staffing Branch of the Division of Mental Health Service Programs; the Continuing Education Branch of its Division of Manpower and Training; and the Training Methods Development Section of the National Communicable Disease Center's Training Program.

ACKNOWLEDGMENTS

Due to the nature of this series of publications, the amount of coordination and cooperation required for its development, and the range of skills employed in getting it published, the following persons should be recognized: Miss Patricia Rogers, Technical Information Specialist (Education), Training Methods Development Section, Training Program, National Communicable Disease Center–compiler and project supervisor; Dr. Ross Grumet, Psychiatrist, Region IV Mental Health Service–technical reviewer; Mr. Alfred R. Kinney, Jr., Chief, Training Methods Development Section, Training Program, National Communicable Disease Center–advisor; Mrs. Anne W. Morgan, Health Educator, Region IV Office of Comprehensive Health Planning–technical reviewer; Dr. Robert D. Quinn, Staff Psychologist, Community Mental Health Centers Staffing Branch, Division of Mental Health Service Programs, National Institute of Mental Health–NIMH coordinator; Dr. Dorothy Schroeder, Professor of Social Work, University of Michigan–consultant; Mrs. Betty S. Segal, Evaluation Specialist, Training Methods Development Section, Training Program, National Communicable Disease Center–technical reviewer; Miss Marguerite Termini, Associate Professor of Psychiatric Nursing, University of Delaware–consultant; Dr. Thomas G. Webster, Chief, Continuing Education Branch, Division of Manpower and Training, National Institute of Mental Health–advisor. Original annotations and abstracts were written by seven graduate students and technical assistants employed especially for the project. These individuals were: Miss Connie Benson, Miss Mary Lavinia Campbell, Miss Rosemary Franklin, Miss Sharon Grilz, Miss Gale Lawrence, Mr. Garrett McAinsh, and Mr. Stephen Von Allmen.

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REGIONAL CONFERENCES

In order to meet the growing need for comprehensive planning for inservice training and continuing education programs in mental health at all levels–local, state, regional, and national–the Training Branch, National Institute of Mental Health, sponsored in 1963 a series of regional planning conferences on inservice training programs in mental health throughout the nation. The specific purposes of these conferences, as stated in the proceedings, were:

(1) To examine current thinking and practice in the areas of inservice training broadly defined;

(2) To determine the extent of present training programs in state, district, and territory mental health agencies and delineate the areas of unmet need;

(3) To explore ways of expanding present training efforts of the state, district, and territory within present resources and enumerate training areas requiring high priorities;

(4) To explore ways and means by which the state, district, and territory mental health agencies, colleges and universities, and the NIMH work together in building more adequate training programs in the states;

(5) To help each state, district, and territory develop adequate models for its mental health training programs;

(6) To delineate those particular inservice needs which can best be met through regional efforts.

The bibliographic references for the published proceedings and their contents follow:

I. **Planning in-service training programs for mental health.** Proceedings of a regional conference sponsored by the State Mental Health and Mental Retardation Programs of New England, National Institute of Mental Health, and The Medical Foundation, Inc. Swampscott, Massachusetts. October 8-11, 1963. 152 pp.

(1) Some key theoretical issues in in-service training, by Malcolm S. Knowles.

(2) Development of an in-service training program for mental health personnel, by Daniel Blain.

(3) In-service training in industry: theory and practice, by Louis R. Mobley.

(4) A panel discussion: factors in state programs that facilitate or hinder in-service training, moderated by Harold W. Demone, Jr.

(5) A panel discussion: in-service training collaboration between state mental health programs and universities, moderated by Lewis H. Rohrbaugh.

(6) Techniques and training aids in in-service training programs, by Alfred R. Kinney, Jr.

(7) In-service training and the NIMH training program, by Eli A. Rubinstein. **(1)**

II. **Planning for comprehensive inservice training in a state mental health program.** Proceedings of a regional conference sponsored by the New York State Department of Mental Hygiene and the Training and Manpower Resources Branch, National Institute of Mental Health. Saratoga Springs, New York. November 19-22, 1963. 103 pp.

(1) The nature and administration of inservice training programs, by Keith R. Kelson.

(2) Panel discussion: factors facilitating and hindering the development of in-service training programs, moderated by Henry A. Davidson.

(3) Basic considerations in the organization and development of in-service training in a state mental health program, by Stewart T. Ginsberg.

(4) Panel discussion: effective in-service training techniques for fostering staff and program development, moderated by Leonard Egerman.

(5) Ways in which state mental health agencies and colleges and universities can collaborate in in-service training programs, by Henry W. Brosin.

(6) Panel discussion: ways in which state mental health agencies and colleges and universities can collaborate in in-service training programs, moderated by Jens A. Dalgaard.

(7) Summary session–reports from discussion groups: identification of unmet needs and recommendations for establishment of priorities. Presiding–Warren J. Muhlfelder.

(8) The National Institute of Mental Health training program–philosophy, scope, growth and projected plans, by Alan D. Miller. **(2)**

III. **Planning in-service training programs in mental health.** Proceedings of a regional conference sponsored by the National Institute of Mental Health and the Maryland Department of Mental Hygiene. Baltimore, Maryland. December 10-13, 1963. 96 pp.

(1) Aspirations, goals and imperatives for mental health planning, by Fillmore H. Sanford.

(2) Survey report on regional activities, resources, needs and priorities in in-service education, by Paul V. Lemkau.

(3) Collaboration between state mental health agencies and colleges and universities in training programs, by Eugene A. Hargrove.

(4) Institutional and community social structure: factors promoting and inhibiting change in the area of in-service education, by Marvin J. Taves.

(5) Group discussion reports; in-service training considered from the standpoint of:

a. financing–discussion leader, Dr. Charles Vernon;
b. legislation–discussion leader, Dr. Robert Kerns;
c. service agency–education institution relations–discussion leader, Dr. Kenneth W. Kindelsperger;
d. administration–discussion leader, Dr. John Schultz;
e. needs and priorities–discussion leader, Dr. Alfred Wellner;
f. components of a comprehensive in-service education program–discussion leader, Dr. Maxwell Weisman.

(6) Methods of financing mental health training programs, by R. Kenneth Barnes.

(7) Legislative considerations in developing mental health training programs, by Senator Earle E. Morris, Jr.

(8) Administration of state mental health training programs, by Dale C. Cameron.

(9) Components of comprehensive in-service education programs, by Harry Williams.

(10) Inservice training and the NIMH training program, by Eli A. Rubinstein.

(11) Reports of discussion groups by states:

Kentucky–Dr. Jean Gobble, reporter;
Maryland–Dr. Alfred Wellner, reporter;
North Carolina–Dr. Charles Vernon, reporter;
Virginia–Miss Margaret Cavey, reporter;
West Virginia–Dr. Robert Kerns, reporter;
District of Columbia, Puerto Rico, Virgin Islands–Miss Mary Redmond, reporter.

(12) Conference summary and role of the regional office in implementation of future plans, by Eleanor J. Collard. **(3)**

IV. **In-service training for mental health programs.** Proceedings of a regional conference sponsored by the South Carolina Mental Health Commission and the Training Branch, National Institute of Mental Health. Charleston, South Carolina. November 5-8, 1963. 102 pp.

(1) In-Service Training, by William H. Stewart.

(2) Staff Development in Mental Health Agencies, by William J. McGlothlin.

(3) In-Service Training in State Mental Hospitals, by I. H. MacKinnon.

(4) Staff Development in General Hospitals and After Care Services, by Annie Laurie Crawford.

(5) The Meaning of In-Service Training/Staff Development for Certain Aspects of Community Mental Health, by Louis D. Cohen.

(6) Staff Development for Related Mental Health Programs in Other Agencies, by Elsye McKeown.

(7) Development of an In-Patient Service Training Program for Mental Health Personnel, by Daniel Blain.

(8) Current Programs, Needs, and Resources for In-Service Training in Region IV, by William I. Gardner.

(9) Collaboration Between State Mental Health Agencies and Colleges and Universities in Training Programs, by Eugene A. Hargrove.

(10) In-Service Training and the NIMH Training Program, by Robert H. Felix.

(11) Methods and Techniques in Implementing and Conducting In-Service Training in Mental Health Programs, by H. D. Chope.

(12) The Mental Health Program Administrator, by Paul W. Penningroth.

(13) The Educator, by H. B. Masters. **(4)**

V. **In-service training of mental health personnel.** Proceedings of a regional conference sponsored by the Michigan Department of Mental Health in cooperation with the Institute of Labor and Industrial Relations, University of Michigan, and Wayne State University. Detroit, Michigan. October 28-31, 1963. 32 pp.

(1) Concepts and Goals of Present and Future In-Service Training, by Ralph Tyler.

(2) Observations: Lorene Fischer, Clarice Freud, George Kelly, Donald Moore.

(3) Broad Perspective of Need and Content of Mental Health Training Programs, by Nicholas Hobbs.

(4) Analysis of Individual State Current and Projected Training Programs, by George Albee.

(5) Essential Attitudes Toward Training, by Robert C. Drye.

(6) Collaboration of State Mental Health Agencies, Colleges and Universities, and Other Resources for Developing Training Programs, by Theodore J. Shannon.

(7) Conference Impressions and Summary, by George L. Hinds.

(8) Gaining and Stabilizing Financial Support for Training Programs Through Legislation and Citizens' Support, discussed by Joseph Brown, Mrs. Dorothy Gardner, Mrs. L. P. Steinbrecher.

(9) In-Service Training Program–Present and Future, by Robert H. Felix. **(5)**

VI. **Planning in-service training programs for mental health.** Proceedings of a regional conference sponsored by the National Institute of Mental Health and the Nebraska Psychiatric Institute in cooperation with Region VI State Mental Health and Mental : Hopital Authorities. Omaha, Nebraska. December 2-5, 1963. 107 pp.

(1) In-Service Training: Problems and Needs, by Ralph W. Tyler.

(2) In-Service Training: Basic Considerations and Priorities in On-the-Job Training of Mental Health Workers, by Harold L. McPheeters.

(3) In-Service Training: Needs, Problems, and Potentials in Mental Hospitals, by Dale C. Cameron. Examples: The Changing Treatment System, by Robert H. Barnes; Issues in In-Service Training, by Bulent Tunaken; In-Service Education Programs for Psychiatric Aides and Registered Nurses in Minnesota, by Alvira Hiltz.

(4) In-Service Training and the NIMH Training Program, by Raymond Feldman.

(5) In-Service Training Needs, Problems, and Potentials in the Community, by Harold D. Chope. Examples: In-Service Training for Community Mental Health Programs, by H. G. Whittington; Nebraska's Traveling Training Program, by Jack F. Wisman; In-Service Training for Teachers in North Dakota, by A. F. Samuelson.

(6) University and College Collaboration in the State Mental Health Programs–I, by William Hurder.

(7) University and College Collaboration in the State Mental Health Programs–II, by Jerome Levy. **(6)**

VII. **Planning for comprehensive in-service training in a state mental health program.** Proceedings of a regional conference sponsored by the National Institute of Mental Health and the University of Oklahoma. Norman, Oklahoma. October 21-24, 1963. 109 pp.

(1) Planning for Comprehensive In-Service Training, by Belleden Hutcheson.

(2) Personnel Policies and Practices Affecting Mental Health In-Service Training Programs, by Stuart G. Fisher.

(3) Administration of State Mental Health In-Service Training Program: Legislative, Financial Considerations, by Morris Hursh.

(4) Staff Development as an Integral Part of Administration, by Florence Aitchison.

(5) Ways in Which Mental Health Agencies, Colleges, and Universities Can Collaborate in Training Programs: the Mental Health Agency Approach, by Phillip Roos; The University Approach, by Fillmore Sanford.

(6) Panel Comments: Educational Collaboration, by Walter Kindelsperger; Ways in Which the College of Nursing Can Collaborate in Training Programs, by Betty Beaudry; Panel Comments, by William G. Reese; Training the Community-Minded Mental Health Worker, by Lester M. Libo.

(7) In-Service Training and the NIMH Training Program, by Eli Rubinstein.

(8) Highlights of In-Service Training in the Region, by Glen Rollins.

(9) Local In-Service Training Programs, by Jerome Levy. **(7)**

MULTIDISCIPLINE, MULTILEVEL TRAINING

ALT, HERSCHEL. **Residential treatment for the disturbed child: basic principles in planning and design of programs and facilities.** New York: International Universities Press, 1960. 437 pp.

The evolution during a period of over fifty years of the major residential treatment resource of the Jewish Board of Guardians, the Hawthorne Cedar Knolls School, is described. Arriving professional staff need reorientation for residential child care. The training of cottage parents is covered briefly with mention being made of consultations, seminars, and participation in regular individual clinical case conferences. **(8)**

AMARK, CURT. In-service education in psychiatric nursing. **Acta Psychiatrica Scandinavica**, vol. 40 (supplement 180), 1964. pp. 47-63.

The theory of psychiatric care and therapy is discussed. All members of the hospital staff are important to the treatment of the patient, and because therapeutic opportunities may come at any time, all should be trained to recognize and utilize them. The author asks and attempts to answer the following questions: What shall we teach? How shall we teach? Who are to teach? How shall the training be organized? A variety of teaching methods are recommended—lectures and discussions, conferences, panel discussions, and written materials. The training programs used by the author at Lingbro Hospital for about three years are described. **(9)**

BARTLETT, LEWIS L. and MARGUERITE M. AURNHAMMER. Psychiatric lecture series held for all hospital employees. **Mental Hospitals** 8:1, January 1957. p. 14.

Instruction at the Brockton (Massachusetts) Veterans Administration Hospital designed to give employees with no previous psychiatric orientation a basic understanding of mental illness and an awareness of their role in the hospital's treatment program is described. The Nursing Education Staff planned the content and conducted the thirteen separate seventy-five minutes of lectures and discussions which were based mostly on the psychiatric aide training course. An examination was given at the end of the program, and those who passed received a certificate of completion. The course was to be repeated four times yearly. **(10)**

BENSCHOTER, REBA ANN, CECIL L. WITTSON, and CHARLES G. INGHAM. Teaching and consultation by television: I. Closed-circuit collaboration. **Mental Hospitals** 16:3, March 1965. pp. 99-100.

The confidential two-way closed-circuit television system has operated since December, 1964, between the Nebraska Psychiatric Institute in Omaha and the state mental hospital in Norfolk, Nebraska. Among other services, the system will help fulfill the state hospital's needs for inservice training of all personnel involved in patient care. The grand rounds presentations of psychiatric and neurologic case material held weekly in Omaha will be available to the Norfolk staff, and Norfolk's postgraduate teaching sessions for general practitioners will be seen in Omaha. **(11)**

EASTERLING, W. S. and ELIZABETH B. WOOTEN. A hospital library that grew up. **Staff** 4:2, March/April 1967. p. 4.

The medical library at Central Louisiana State Hospital, which has 2,600 patients, is described. It employs a full-time staff of three persons to serve the hospital's 500 psychiatric aides and attendants and its registered nurses, student nurses, psychiatrists, and other professional staff members. Services provided are: administration of 2,700 volumes and ninety-seven journals in the mental health field, the processing of interlibrary loans, answering reference questions, and compiling bibliographies for training programs in psychiatry, psychology, pastoral counseling, social work, and psychiatric nursing. The library is considered the heart of the training programs for psychiatric residents, inservice nursing training, and the development of aides. **(12)**

GOLDBERG, NAOMI and ROBERT W. HYDE. Role-playing in psychiatric training. **Journal of Social Psychology**, vol. 39, February 1954. pp. 63-75.

The use of role-playing, specifically sociodrama, in ongoing, inservice training in a mental hospital is described. All staff and patients may participate. A

sample sociodrama is given. Training results in increased empathy between patients and personnel. **(13)**

HEDMAN, LORRAINE L. and ELAINE MANFIELD. Hospital to hospital via TV. **American Journal of Nursing** 67:4, April 1967. pp. 808-810.

Two Nebraska mental institutions conduct graduate nurse programs and inservice programs for aides by using video tape recorders and transparencies. An hour per week is devoted to the advanced nursing program and another hour to the aide training program (five taped lectures). Course content is outlined. Advantages and disadvantages are discussed. **(14)**

HUNTLEY, ARTHUR C. A day program in treatment and teaching. **Mental Hospitals** 16:7, July 1965. pp. 194-196.

This paper describes the day program for adults at the Eastern Pennsylvania Psychiatric Institute in Philadelphia. The program, in addition to providing an effective treatment plan for approximately twenty-five patients, offers training experience to psychiatric residents, student nurses, student social workers, and occupational therapy workers. Two psychiatric residents plan programs and take part in role-playing and group therapy, while several student nurses rotate through the unit for six or seven weeks. **(15)**

PIHKANEN, TOIVO A. Aspects of in-service education of the different staff categories in the field of psychiatric nursing. **Acta Psychiatrica Scandinavica**, vol. 40 (supplement 180), 1964. pp. 24-43.

After a brief discussion of the necessity for inservice training for psychiatric nurses, and of the history of inservice education in Finnish mental hospitals, the results of a questionnaire on inservice education for physicians, nurses, and "economy staff" sent to Finland's mental hospitals are given and discussed. This questionnaire included extent of inservice education, budget, profession of trainers, methods used, and fulfillment of expectations. The training needs of various mental health workers are given, with a brief discussion of the best methods for meeting these needs, such as providing reading materials, instructing nurses informally while they go about their tasks in the wards, providing them with lectures, films, field trips, and demonstrations, and holding small-group discussions. **(16)**

SCHECHTER, DANIEL S. and THOMAS M. O'FARRELL. Continuing education for hospital personnel—a progress report. **Hospitals** 39:12, June 1965. pp. 63-66.

The first year's progress of a five-year project to study and expand opportunities for continuing education for hospital personnel is reported. The resources of five universities are being used, a clearinghouse is being established for curriculum materials, and subprojects concerned with correspondence education and assistance to inservice education are now being developed. A resource book on inservice training is being prepared and curriculum guides will be constructed. **(17)**

SHUBERT, O. WENDELL and ROBERT T. FULTON. An inservice training program on communication. **Mental Retardation** 4:1, February 1966. pp. 27-28.

A program for teaching communicative skills to aides and nurses working with delayed language retardates at the Fort Wayne State Hospital and Training Center is described. The trainees had two half-hour meetings per week for twenty-six weeks. Discussion, demonstration, and ward experience were the major methods used. **(18)**

SOUTHERN REGIONAL EDUCATION BOARD. **Inservice exchange training.** Atlanta, Ga.: the Board, August 1960. 37 pp.

The Southern Regional Education Board's inservice grant program was a two-year demonstration project conducted in cooperation with fifteen states in the South from May 1958 to May 1960. With a $90,420 grant from the National Institute of Mental Health, the Board was able to award up to $500 to any employee of a mental hospital or school for the retarded in the southern region. This grant, covering transportation and maintenance, enabled the recipient to visit any other mental institution in the country for a period of four weeks or less. The Southern Regional Education Board's original objectives in launching the grant program, the mechanics of administering it, and the effects of the program on those who participated in it are described, as well as recommendations for future programs and an evaluation which describes what the program has meant to the individual grantee, his hospital or school, his state, and the mental health effort of the region. **(19)**

A state hospital community-oriented program. **Hospital and Community Psychiatry** 17:1, January 1966. pp. 10-12.

The Mendocino State Hospital in California has recently broadened its scope from that of a maximum

security hospital to a state psychiatric center. This change has incorporated new training projects, one of which is a summer program which accommodates thirty to forty students of medicine, psychology, social work, rehabilitation, and other disciplines who come from all over the United States and Canada. The students are assigned to hospital departments related to their fields of study. They work with patients and attend staff meetings, lectures, and seminars. Some are volunteers; others are paid about $350 a month, with medical students receiving more according to their qualifications. **(20)**

STURUP, GEORG K. A summary of remarks related to in-service education in psychiatric institutions. **Acta Psychiatrica Scandinavica**, vol. 40 (supplement 180), 1964. pp. 18-24.

Staff education falls into two categories: acquisition of theoretical knowledge and attitude adaptation which improves teamwork. The actual knowledge should be given in a form designed for adults who are not trained for academic study, but attitude adaptation is best achieved by experience, by exchanging experiences with others at staff meetings and forming discussion groups on selected topics at joint meetings for representatives from a number of institutions either every year or every second year. Organization of such meetings sponsored by the Danish Prison Administration is described, with particular emphasis on the value of combining academics and nonacademics in groups, and on the need for more frank communication between upper and lower level staff members. **(20)**

U. S. NATIONAL INSTITUTE OF MENTAL HEALTH. **Hospital improvement program status report.** Chevy Chase, Md.: the Institute, February 1967. 24 pp.

The Hospital Improvement Project Grant Program focuses on the introduction of current knowledge and techniques in demonstrating improved services and care in state institutions for the mentally ill and retarded. A related program, Inservice Training Grant Program, aims at increasing the effectiveness of all state mental institution employees by inservice training. Administration of the programs, eligible institutions, and coverage are explained. Participation of state mental hospitals in hospital improvement is analyzed under six headings: success of application; geographical coverage; size and distribution of grant awards; size of institutions; distribution by relative affluence of institutions; and major focus of the projects. Twelve tables present statistics. Institutions will need more technical assistance in understanding grants management procedures if they are to use their Hospital Improvement Program and Inservice Training grant funds effectively. **(22)**

U. S. NATIONAL INSTITUTE OF MENTAL HEALTH. **Inservice training program report.** Chevy Chase, Md.: the Institute, October 1966. 34 pp.

The National Institute of Mental Health Inservice Training Program is designed to improve the quality of staff who care for the mentally ill and retarded in state institutions. Under this form of grant support, hospitals and agencies can offer job-related training to increase the effectiveness of their services. Twenty-one tables based on program operations through Fiscal Year 1966 and questionnaires sent to grantee and applicant institutions present information concerning the operation and present status of the program. **(23)**

WILMER, HARRY A. **Social psychology in action.** Springfield, Ill.: Charles C. Thomas Publishers, 1958. 373 pp.

Described is a therapeutic community experiment in the psychiatric admission ward of the Naval Hospital at Oakland, California. Chapter III, "The Staff," describes on-the-job training in the program involving: (1) the daily community meetings of patients and staff; (2) daily staff meetings; (3) weekly meetings of the nurses; and (4) weekly meetings of the corpsmen. Individual conferences and informal discussions were often held though not scheduled regularly. Staff meetings were largely problem-solving discussions and unstructured, though at times the leader introduced a specific case for discussion. Staff included corpsmen, nurses, a psychologist, a social worker, and a psychiatrist. **(24)**

PROFESSIONALS

Administrators, Psychiatrists, Psychologists

EICHERT, ARNOLD H. and HENRIETTA DeWITT. A dynamic approach to in-service training in a psychiatric setting. **Mental Hygiene**, vol. 38, April 1954. pp. 252-260.

The coordination of the administrative and treatment processes can be used in the training of the young psychiatrist through a dynamic approach to his supervision on the job. The employee, who is accustomed to clinical psychotherapy, must be led to adjust to the rigidity and routine of a psychiatric institution. The employee accepts the limitations of the job and learns that the routine is not monotonous but challenging and dynamic. Regular administrative meetings, which include the trainees, are held. These increase the employee's security and enable him to be more accepting of the supervisor's evaluation of his work. Formal seminars and lectures are adjunctive to the main training effort, which is the supervision of the trainee's functioning in the job. **(25)**

JONES, MAXWELL. Settings for treatment and training in social psychiatry. **Mental Hospitals** 13:12, December 1962. pp. 646-650.

Though state hospitals rather than medical schools should bear the brunt of training psychiatrists for institutional and community work, as opposed to private practice, medical schools should do more in this area. The young psychiatrist must be trained in the social dimension of psychiatry, not only by psychiatrists, but also by psychologists, social workers, and other social scientists. This social-oriented, interdisciplinary approach is best learned in the ward setting in the early days of residency. A very useful technique is the meeting of daily community groups of as many as eighty patients and their staff. These meetings, and the staff meetings held afterwards, expose the trainee to some of the current practical and administrative problems of the hospital. They help to delineate the optimal roles for the various staff members and help them understand their relationships with each other and with the patients. **(26)**

KORNFELD, DONALD S. and LAWRENCE C. KOLB. The use of closed-circuit television in the teaching of psychiatry. **Journal of Nervous and Mental Disorders**, vol. 138, May 1964. pp. 452-459.

The closed-circuit television facilities at the New York State Psychiatric Institute have been used for teaching purposes since 1960. They have been utilized as a major tool in teaching residents group therapy, individual psychotherapy, and interviewing techniques, and in such courses as psychotherapy, psychopathology, and clinical psychology for medical students. The method enables the students to witness demonstrations which might not be otherwise available, and which add a new dimension to teaching by providing opportunity for direct observation of all verbal and non-verbal cues. **(27)**

LEVY, JEROME and WILMA F. BERNTHAL. Training for administrative leadership: a pilot program. **Hospital and Community Psychiatry** 18:4, April 1967. pp. 97-103.

A pilot program called the Institute for Administrative Studies was evolved in 1964-65 by the Western Interstate Commission on Higher Education (WICHE). This seminar consisted of two week-long parts separated by a six-month interval of individual study. A conceptual framework was developed during the first week. Each participant had sent a statement of his organization's mission, an organizational chart, written policies, and an executive log of his hour-by-hour activities for a week. To help the administrator formulate strategy, develop policy, and delineate his role internally and externally, a case problem simulating a clinic was used and outside speakers discussed how they perceived mental health institutions. During the six-month interim, faculty and participants kept in touch through mailings of more advanced managerial readings and faculty visits to institutions. During the second week of the course a simulation exercise called the "Superintendent's Game" was played, composite case study construction from faculty interviews was used, and issues in administration were discussed, including information systems and a model for analyzing forces impeding change in a community. A second institute for second-level administrators, involving theory and case discussions, is described. Evaluation by participants was enthusiastic and

positive, with a request that a short, intensive seminar be held annually for top-level administrators in the region. **(28)**

LUCHINS, ABRAHAM. **A functional approach to training in clinical psychology**. Springfield, Ill.: Charles C. Thomas, 1959. 288 pp.

This is a manual for a training program for psychologists organized around a study of a mental hospital. Research projects that trainees can participate in are described and lectures and discussion material are included. General objectives of the program are (1) to study the hospital (or, more exactly, to participate in a self-analysis of the hospital); (2) to use results of the study and related action research to further the hospital's goals and, particularly, its potentialities as a therapeutic community; (3) to develop psychologists who can function in such a community; and (4) to help in the development of techniques and in the discovering of data out of which may come a comprehensive social psychology of mental illness and of clinical installations. **(29)**

RYAN, JAMES. Teaching and consultation by television: II. Teaching by videotape. **Mental Hospitals** 16:3, March 1965. pp. 101-104.

The New York State Psychiatric Institute's use of videotapes to give instruction to psychiatric residents working in state mental hospitals is presented. Descriptions are given of the six taped courses, which total 350 hours of recorded material. Basically, they consist of lectures and demonstrations in brief psychotherapy, hypnosis, neuroanatomy, psychogenetics, psychodynamics, and clinical psychology. An evaluation project revealed that demonstrations and discussions roused far greater interest than did lectures. The fact that the tapes can be edited makes them particularly useful in presenting interviews and in contrasting attitudes and reactions of various patients. **(30)**

STEWART, ROBERT L., ELIZABETH JACOB, HAROLD KOENIG, RUTH KOENIG, WARREN C. McPHERSON, ARTHUR A. MILLER, PHILLIP F. D. SEITZ, and DOROTHY STOCK. The state hospital consultant team as an educational instrument. IN Masserman, Jules H. (ed.). **Current psychiatric therapies**, vol. III. New York: Grune & Stratton, 1963. pp. 264-271.

A description is given of the use of a coordinating community psychiatric team to provide on-the-job training for the professional staff of a state hospital remote from urban psychiatric centers. The educating team, for the East Moline State Hospital in Illinois, consisted of a psychoanalyst, a neurologist, a psychologist, a psychiatric social worker, an administrative assistant, and a secretary. The aim of this group was to give a group of twelve physicians (most with foreign nonpsychiatric training) sufficient technical knowledge to carry out their jobs as psychiatrists, and concomitantly to give them a solid professional identification. Methods used in the instructional process were: seminars, staff conferences, ward experience, and supervised assigned preceptors. **(31)**

Psychiatric Nurses

BAZIAK, ANNA T. Concept attainment in a practice setting. **Perspectives in Psychiatric Care** 4:3, May-June 1966. pp. 32-44.

An exploratory teaching plan meant to ensure that current and innovative concepts of psychiatric nursing are learned by students in the face of exposure to the traditional mores of institutional life is described. A ten-week course was planned involving ward work for 2½ hours, four days a week, followed by two hours of discussions. The theoretical background for the study was Jerome Bruner's "Concept Attainment" procedure, a process of mental categorization. Seminars were non-directive, and the instructor attempted to avoid the role of authority figure. When students had verbalized concepts the teacher listed as goals, the project was complete. **(32)**

BRAWNER, SELMA MOODY and IVIE M. BARNES. What's new in Army psychiatric nursing? **Journal of Psychiatric Nursing** 1:1, January 1963. pp. 23-28.

Beginning in 1962, young second-lieutenant nurses desiring psychiatric nurse training were selected for a six-month program of on-the-job training. The first four months they worked in various kinds of wards and clinics. The last two months they had more responsibility in administration and teaching programs and were integrated members of all ward conferences. They were shown a series of films and were encouraged to carry on a one-to-one therapeutic relationship with a patient. In addition, an outside reading program was offered. At completion of the training, the nurses were awarded an MOS (Military Occupational Specialty) in psychiatric nursing. The psychiatric nursing training program for enlisted men is changing in content though not in its didactic organization. Efforts are being made to provide advanced courses comparable to those offered medical specialists. Also described in detail is the program in

milieu therapy at Fitzsimons General Hospital. Corpsmen to be trained were chosen on the basis of their lack of contact with the traditional psychiatric hospital. A staff conference of corpsmen and a doctor was held every afternoon, and the entire staff met once a week. **(33)**

BURWELL, DOROTHY DIX. Changing attitudes and images. **The Canadian Nurse** 60:2, February 1964. pp. 122-125.

Change in psychiatric nursing care from the custodial to the therapeutic approach can be effected by inservice training. Useful methods are: the interaction study; group discussions; role-playing; and case discussion. **(34)**

DE FREYNE-MARTIN, T. G. Training for the therapeutic community. **Nursing Mirror**, vol. 122, September 2, 1966. pp. v-vii.

At Henderson Hospital, Sutton, Surrey, England, first-year staff nurses are assigned to more experienced nurses for their first month and spend all their time with them. After this, the staff nurse rotates through all three of the hospital's doctors' groups and through its four workshops. In addition to experience with the patients, the staff nurses participate in staff discussions, have weekly tutorial groups, and write papers. A certificate is given to those nurses who pass an examination at the end of the course. **(35)**

GORTON, JOHN V. Trends in psychiatric nursing. **Journal of Psychiatric Nursing** 1: 5, September 1963. pp. 422-436.

Changes in nursing due to the switch from custodial to therapeutic care are discussed. Inservice training is necessary to prepare the nurse for new responsibilities. Several specific training programs a mentioned. Methods include: group process, journal club, individual group therapy, and a group conference hour. **(36)**

HAARSTICK, IRENE C. and IRA DAVIS TRAIL. An in-service program for psychiatric nursing supervisors. **American Journal of Nursing** 63:10, October 1963. pp. 73-75.

Ten nursing supervisors at the Brentwood Veterans Administration Hospital, a psychiatric institution with 2,021 beds, participated in a ten-week inservice program on nurse-patient relationships, for which an instructor had been hired. This included group discussions and lectures on the nurse-patient relationship, communication skills, role-playing, concepts and theory of psychiatric nursing, and on teaching others how to care for the emotionally disturbed; writing nursing care plans; participating in interactions with a patient and supervising a head nurse in the same; having individual conferences with the instructor; and reading certain required materials. Each participant was assigned a patient with whom she interacted individually for fifteen minutes per day, to establish a close, trusting relationship. The supervisors were delighted that the course let them apply their learning and actively engage in nursing again. After four weeks, each began to supervise a head nurse, who would then teach her own staff, in a similar patient interaction, leading hopefully to an improvement of nursing care on both a qualitative and a quantitative basis. The course had "tremendous impact," stimulating the nurses and moving them closer to their patients. **(37)**

HAYS, JOYCE E. SAMHAMMER. A staff development program in psychiatric nursing. **Nursing Outlook**, vol. 8, April 1960. pp. 210-211.

The Veterans Administration Hospital at Coatesville, Pennsylvania, conducts an inservice program for graduate nurses. Its goal is to help prepare nurses for assuming a greater therapeutic role with patients and for teaching nonprofessional personnel. The students are relieved of all regular duties during the eight-week course. Nurses spend several hours each week interviewing individual patients and discussing these conversations in seminars. The student also engages a group of patients in a creative activity. Early in the course, the nurse lives with a group of patients for one day in order to learn to empathize with their problems. Other activities include a weekly conference on group dynamics; discussion of different schools of psychiatric theory; reading, films, and discussion on the stages of personality development; reading, films, and discussion on diagnostic categories; and a weekly inservice presentation by each nurse to ward personnel on the problems of her individual patient. In the last week of the program, the group takes a day for a field trip to a psychiatric institution. The nurse evaluates her progress weekly and submits these evaluations to the instructor at the end of the course. She is given the Edwards Personal Preference Schedule at the beginning of the course and the NLN Achievement Test in Psychiatric Nursing on the last day of the program. She takes a "situation" test and, at the end of the course, rates herself on a seven-point scale. Another evaluation is made six months later. **(38)**

LANGE, SYLVIA. Teaching mental retardation nursing; the nursing students learn. **Nursing Outlook** 14:4, April 1966. pp. 60-63.

Nursing students worked for five days in an institution for mentally retarded children. The institution's nurse-clinical specialist was the instructor. She gave clinical guidance, discussed and demonstrated operant conditioning techniques, led group discussions, and served as a role model of the professional nurse working in the field of mental retardation. Each student spent four or five days with one or two children. Students kept a diary of their experiences. **(39)**

LINDEMAN, CAROL A. University in a suitcase. **American Journal of Nursing** 66:4, April 1966. pp. 781-782.

Instructors from the University of Wisconsin traveled to rural areas to give psychiatric nurses refresher courses one night a week for two hours. The lecture-discussion method was used. Follow-up visits were made to institutions where nurses were employed. Nurses were tested before and after the program with a 35-item multiple-choice test to show types of response the nurse might make in various nurse-patient relationship situations. Understanding responses increased after the training period and evaluative responses declined. Suggestions for making such a course stronger are offered. **(40)**

MURRAY, BEATRICE L., HELEN K. DENTON, and ANNA K. HEINZELMAN. A seminar in-service program. **Journal of Psychiatric Nursing** 1:2, March 1963. pp. 99-103, 138-141, 154-155.

During the initial activation of the Brecksville Veterans Administration Hospital in 1961, the seminar approach of Lewis, Holmes, and Katz was utilized to increase the psychiatric nursing competencies of professional nurses. The seminar was an intensive, short-term, clinically-centered one. The Assistant Chief of the Nursing Service and Nurse Supervisors planned the staffing so that seven or eight nurses would be free from nursing service responsibilities for each two-week period of the seminars. Ten seminars were held from October 1961 to March 1962. They included four hours daily of interaction with a selected patient, interaction recording, individual conferences with instructors twice weekly, two-hour daily group conferences, assigned references, and an occasional film. All participants received reading material and a course outline before the course began. The four-hour daily interaction with the patient (with a written report) seems to have been the most important learning experience. An hour of group discussion was often added. Various attitudes and reactions to the program are described, which are generally favorable. The seminar approach is believed to have been effective in improving the nursing service. Because of the activation of additional wards and the increased demands for nurse staff, the program had to be interrupted. **(41)**

REDMOND, MARY M. Is inservice education the answer? **American Journal of Nursing** 56:11, November 1956. pp. 1430-1434.

Most psychiatric units depend to a large extent on nonprofessional nursing personnel to give direct nursing care to patients; an inservice training program in psychiatric principles is a good way to prepare this nonprofessional group for their role. The author outlines courses which might be employed in teaching nurses with basic psychiatric preparation, nurses with no such preparation, nurses with preparation and experience, instructors in psychiatric nursing, and administrators. The methods mentioned in connection with the theoretical training programs are orientation, conferences, reading material, group discussion, classes, job rotation, discussions of literature, role-playing, tape recordings, evaluation of present services, curriculum planning, interviews, and group meetings. **(42)**

RUBIN, ROBERT T. and ELIZABETH S. KAUFMAN. Doctor-nurse conferences: a teaching technique. **American Journal of Nursing** 64:10, October 1964. pp. 100-102.

Nursing students and resident staff of an adult psychiatric ward met six times in luncheon conferences which were voluntary and held every two weeks. A sharing of experiences and group identity finally developed. **(43)**

SMITH, M. ELIZABETH REICHERT. Preparing the student for the psychiatric affiliation. **American Journal of Nursing** 51:1, January 1951. pp. 47-49.

This is a discussion of programs for educating psychiatric nurses based on the replies to a questionnaire completed by 115 psychiatric nursing instructors in ninety-three schools. There was general agreement that all programs should emphasize total care of the patient. Ward clinics and conferences, guided discussion groups, reading material, and field trips were all supported as training methods. Psychodrama was recommended by approximately one half of the participants, but it was also noted that this method should be used only by experienced persons, and that such persons are rarely

found on the training staff. The educators agreed, in summary, that the effective preparation of psychiatric nurses rests on a dynamic inservice educational program designed to keep each member of the nursing staff familiar with the psychological concepts which underlie all good nursing care. **(44)**

WOLK, DONALD J. Sensitization seminars for students. **Perspectives in Psychiatric Care** 5:3, May-June 1967. pp. 136-140.

The group process in a psychiatric course for nurses conducted in a state hospital is described. Seminars were held once a week for nine or ten weeks and were unstructured. Objectives are given and the dynamics of the group are outlined. **(45)**

CHILD CARE WORKERS

BETTELHEIM, B. Training the child-care worker in a residential center. **American Journal of Orthopsychiatry** 36:4, October 1966. pp. 694-705.

Contrary to prevalent views it is useless to try to "train" child-care workers for the execution of particular tasks, if not undesirable. What they need is help in the development of deeper insights into themselves and into the attitudes and behaviors of the children. While one cannot train a child-care worker, the conditions that make it possible for him to become one can be created. Many learning experiences useful in this process can be identified: to recognize how important what the child does is to him, as well as what the counselor does; not to expect the child to be able initially to do things on his own, but instead, to serve as auxiliary ego; to translate each of the child's experiences into a parallel one for the counselor; to realize that the child does not get emotional about anything the counselor would not get upset about either. Once all this is realized, a common humanity is established. **(Abstracts for Social Workers)** **(46)**

CHAMBERS, G. S. and G. W. FOSTER. Toward improved competence in child-care workers. 2. A two-level training program. **Children** 13:5, 1966. pp. 185-189.

A university program for child-care workers has been developed at two levels, one leading to a master of science degree and the other (for high school graduates) to a certificate. Both require two years. In the former, practical and theoretical aspects are taught concurrently. Certificate students do not receive as intensive theoretical training, but are trained to observe and recognize normal behavior and to respond therapeutically to deviant behavior. The demand for workers trained at both levels has been great. Some positions that they fill, such as under Project Head Start, did not exist five years ago. Certificate workers hold positions for which, in the past, training was not required. Professional identity has provided difficulty, as some positions assumed by child-care workers had been carried out by persons trained for other professions—social work, nursing, or occupational or recreational therapy—although the positions do not require the distinctive skills of these disciplines. Initial distrust and rivalry of other institutional personnel are inevitable initial reactions that must be overcome. As the exponent of a new discipline, the child-care worker inevitably becomes a social change agent. **(Abstracts for Social Workers)** **(47)**

HROMADKA, V. G. How child-care workers are trained in Europe. **Children** 11:6, 1964. pp. 219-222.

In Europe the training given to field workers, as well as residential child care institutional workers, differs from training in the United States in the following respects: (1) there is a greater degree of emphasis on teaching child-care workers how to observe a child and how to learn from observation, (2) more stress is put on activity therapy, (3) there is more emphasis on teaching pedagogy and "defectology," and (4) more attention is given to the child-care worker's personality development. Two ideas are emphasized in European programs: (1) a child is always a child, regardless of his personal handicap or living circumstances, and (2) residential care and care outside the residence should be treated equally. There is much less differentiation in European countries between services given to handicapped and non-handicapped children. In addition, interdisciplinary teams seem to be much more cohesive, with less status conflict between the various disciplines. The position of supervisor in the American casework sense does not exist. **(Abstracts for Social Workers)** **(48)**

WASSERMAN, S. and P. GITLIN. A child-care training experience revisited. **Child Welfare** 44:1, 1965, pp. 35-40.

A review of the processes and results of a two-semester child-care training course suggests that the training of child-care workers has both potential benefits and dangers for institution and staff. Unless the entire institution is involved, child-care workers will not receive the reinforcement of their strengths and potentials that they need. Institutions must articulate policies that not only include the child-care worker in expediting the child's treatment plan, but also include him as an integral member of the plan's formulation. As institutions become clearer about the child-care worker's role and respect its importance, child-care workers will identify with their own functions and will not need to seek out other staff members as a reference group. **(Abstracts for Social Workers)** **(49)**

AIDES, ATTENDANTS, TECHNICIANS

BAER, WALTER. The training of attendants, psychiatric aides, and psychiatric technicians. **American Journal of Psychiatry** 10 :4, October 1952. pp. 291-295.

Training programs for psychiatric aides are described. One such program began in 1947 in New Jersey. This was a one-year course. Participants were required to be over eighteen, be a high school graduate or the equivalent, have sound health and social and emotional maturity, and have an aptitude for working with patients. There were 300 hours of classroom instruction and clinical teaching and supervised ward experience in both mental and physical care of the patient. This course was offered in four New Jersey institutions. Other programs described are the California state hospital program for psychiatric technicians; a three-year program in Saskatchewan for nurses who deal with patients who have mental disorders; the Menninger Foundation School for Psychiatric Aides; an Illinois state program; and the Texas state technical nurse training program. **(50)**

CLELAND, C. C. Selection and training of attendants: a review of research. **American Journal of Mental Deficiency** 67:2, September 1962. pp. 205-210.

This is a review of literature on the selection and training of attendants for the mentally retarded, published between 1936 and 1962. Methods cited include role-playing, brainstorming groups, case study, programmed learning, lecture, group discussion, and "blitz-training." **(51)**

COCHRAN, M. A. and KELLY E. STEINER. Evaluation of an inservice training program using the SREB information test. **American Journal of Mental Deficiency**, vol. 70, May 1966. pp. 913-917.

The Southern Regional Education Board test was administered before and after teaching of a basic course to attendants of the mentally retarded in an effort to evaluate knowledge gained during the course. The gain was statistically significant in all groups. Testing ten months later revealed that attendants continued to retain information. Younger attendants with less job tenure seemed to have the most knowledge. **(52)**

CRAWFORD, ANNIE LAURIE. **The work and training of technical and vocational personnel in psychiatric nursing** (a report of a study supported by the National Institute of Mental Health special training grant MH-9454-04). Atlanta, Ga.: Southern Regional Education Board, 1967. 53 pp.

Four southern states have organized training programs which prepare vocational and technical nursing personnel to work in state mental hospitals under special job titles: Psychiatric Nurse Technician (Texas); Licensed Psychiatric Technician (Arkansas); Psychiatric Aide (Maryland); and Licensed Practical Nurse Psychiatric (Virginia). These personnel have written job descriptions and perform tasks which qualify them for assignment to state merit system classifications ranking above those of attendants or aides. Their training programs include substantially more theoretical content and supervised clinical instruction than that offered in orientation and inservice training for aides and attendants. Forty such individuals from four hospitals participated in the study for which this is the final report. Information gathered is organized under the following headings: Definition of Job Titles; Procedure for Collection of Information; General Information About Participants; Ratio and Position of Participants in Institutional Work Force; Training Programs; Tasks Workers Perform; Workers' Views of Their Work and Training; and Conclusions and Implications. Based on the information gathered, "it is . . . recommended that a mechanism be established to develop criteria, standards, and programs for pre-employment education of vocational and technical psychiatric nursing personnel." Nationally recognized standards would facilitate peer group organization and mobility. **(53)**

DAY, MAX and ALICE M. ROBINSON. Training aides through group techniques. **Nursing Outlook** 2:6, June 1954. pp. 308-310.

The training of mental hospital aides using four types of group meetings is described: (1) classroom sessions in a two-week, didactic orientation course combined with free group discussion for clarification of attitudes (objectives are outlined); (2) classroom sessions in a six-months' advanced classroom course with an outline of specific topics to be covered and used as a frame of reference to initiate discussion; (3) informal group meetings with nurse leadership–

similar to therapy groups–to discuss current problems; (4) service conferences for all personnel working with patients conducted by a physician along the lines of analytic group therapy. **(54)**

DISTEFANO, M. K., JR. and MARGARET W. PRYER. Basic issues and problems in attendant training. **Mental Hygiene** 48:4, October 1964. pp. 653-661.

The necessity of deciding in a specific manner what the trainee has to learn and of taking into consideration such learning principles as feedback and reinforcement is emphasized. Methods mentioned include discussion, sensitivity training, films, automated teaching, and business games. The necessity for and techniques of evaluation of training are discussed. In dealing with all of these topics, the authors point out the contributions of recent literature. A 25-item bibliography is appended. **(55)**

DISTEFANO, M. K., JR. and MARGARET W. PRYER. Evaluating the training of psychiatric attendants. **Mental Hygiene** 49:2, July 1965. pp. 347-350.

Two types of criteria used in evaluating the training of psychiatric attendants–job performance ratings and standardized tests–and two types of designs are described. The types of attendant training chosen for study were a basic nursing and orientation course and a supervisory training class. The design used for the former involved comparative measures on matched groups, and for the latter, repeated measurements with supervisory trainees. The conclusion was that various types of training programs (supervisory, non-supervisory, short courses, long courses, etc.) should be studied using a variety of criteria. Such research should begin to provide some basic knowledge about attendant training from the standpoint of understanding the training process itself and evaluating its effects on employee behavior. **(56)**

ELLSWORTH, ROBERT, ARTHUR BRYANT, and GRACE BUTLER. Psychiatric aide inservice training: an experimental approach. **Nursing Research**, vol. 9, Winter 1960. pp. 12-16.

An experiment to evaluate objectively a group-oriented, eight-week training program in the Veterans Administration Hospital in Salt Lake City is described. Observer-raters unobtrusively visited off-ward activities four months before the program and during the program, and they also developed and tested an aide behavior rating scale which defined seven areas of aide-behavior grouped into (1) self-centered, (2) observation, and (3) patient contact activities. Three wards were chosen for the conduct of the study: a control ward, an unstable experimental ward, and a stable experimental ward. The content of the one-hour group discussions in the inservice training program was chosen by the participants. A Job Satisfaction Questionnaire and the Custodial Mental Illness Scale were administered before and after training. Behavioral changes were computed statistically. Results indicated that aide behavior can be significantly improved by the introduction of informal group-centered meetings when the ward group remains stable and that improvement in aide behavior occurs to a lesser, although significant extent when the stability of the ward group is reduced. "Instability" (change in ward philosophy, change in patient's behavior and aide turnover) appeared to result in less humanistic attitudes toward patients. "Stability" (without training) resulted in increased morale but did not result in a change in the aide's handling of the patients. **(57)**

ESTES, M. DIANE. Psychiatric aide course in a general hospital. **Nursing Outlook** 14:2, February 1966. pp. 34-36.

The development of the psychiatric aide course at the Wesley Medical Center in Wichita, Kansas, is described. Planned by the inservice instructor and taught by staff nurses, the hospital's social worker, dietitian, and chaplain, the course included classes, field trips, and films. The basic purpose of the course was to assist the aide with communication skills and interpersonal relationships. Criteria for selecting aides to take the course and difficulties in evaluating the course's effect are included. **(58)**

FIELDS, PEGGY. Inservice training for staff development in the nursing home. IN **Mental health needs of patients in nursing homes.** Proceedings of a conference sponsored by the National Institute of Mental Health and the Louisiana State Department of Hospitals. Pineville, Louisiana. May 20-22, 1964. pp. 41-44.

The idea that inservice programs can save, rather than waste, time is emphasied. Programs of orientation, skill training, ongoing education, and potential leader development are recommended. **(59)**

HAID, DORIS M. Teaching of psychiatric aides. IN Redmond, Mary M. and Margery E. Drake (eds.). **Teaching and implementation of psychiatric mental health nursing.** Washington, D.C.: The Catholic University of America Press, 1958. pp. 160-176.

The College of Nursing, Wayne State University, conducted a pilot project in psychiatric aide training supported by a grant from the U.S. Public Health

Service. A 32-week full-time preservice course of study was conducted. The curriculum was developed around three major areas: psychiatric nursing, human growth and development, and the therapeutic community. Fifteen more specific objectives were outlined within these three areas. The students were given a great deal of exposure to ward experience during the course. Classes were kept informal with encouragement of questions and discussion. Ward conferences, reading assignments, films, developmental assignments, clinical demonstrations, and supervised work were other methods used. Evaluation techniques included the setting of concrete and easily recognizable goals for each stage of the program, examinations, and the gathering of student reaction and opinion both during and after the course. **(60)**

ISHIYAMA, TOARU, ROBERT BATMAN, and EILEEN HEWITT. Let's be patients. **American Journal of Nursing** 67:3, March 1967. pp. 569-571.

In order to change mental hospital aides' self-image from that of custodian to social therapist, they were confronted with the experience of being patients in another mental health institution. Immediate goals of the inservice program were to increase the aide's consciousness of those aspects of the patient role which are crucial in the patient's progress, to develop interpersonal skills, and to raise the status and morale of the aides. Role-playing was designed to make the aide aware of the patient's situation. Aides were hospitalized six hours without ward attendants' knowledge of their real identities. Immediately following release, aides were interviewed. They were reinterviewed fourteen weeks later to see if the experience had led to positive behavioral changes. The article describes typical reactions of the subjects. Subjects discovered that one may begin acting like a patient if he is labeled as one. **(61)**

ISHIYAMA, TOARU, WILLIAM L. GROVER, and JEAN H. PATTERSON. Milieu changes complement aide education. **Hospital and Community Psychiatry**, vol. 17, April 1966. pp. 158-160.

A revised inservice training program at Ohio State Hospital is described. An administrative faculty was formed to complement and to work closely with the training faculty to meet three goals: the implementation of milieu changes which are necessary if the aides are to apply new skills; a breakdown of resistance to new roles through a special reward system; and the coordination of the training faculty, the nursing administration, and the hospital administration. These changes were considered necessary in establishing a therapeutic milieu. **(62)**

KUMPAN, HELEN A. How effective are aide training programs? **Mental Hospitals** 16:7, July 1965. pp. 208-211.

A one-year research project was conducted by Boston University to learn whether an intensive four month training experience for attendants could significantly improve patient care. A group of forty-eight aides were advised by their supervisors and were given the opportunity to discuss problem situations in clinical meetings with the research staff twice a week. They continued, as did a control group of forty-eight aides, to work with patients while in training. Questionnaires were filled out by both groups before immediately after and six months after the training program, in an attempt to evaluate the program. The reports of supervisors were also used. Results indicate that good aides can benefit from training programs such as this, but that poor aides are less apt to benefit. **(63)**

LAWTON, M. P. and A. E. GOLDMAN. Role conceptions of the psychiatric aide. **Genetic Psychology Monographs**, vol. 71, second half, 1965. pp. 311-348.

This study contrasts the present conception of the job of the psychiatric hospital aide and the conception of the job in an ideal situation. The subjects were aides, patients, patients' relatives, nurses, and doctors. The findings suggest that all five groups pay lip service to the therapeutic potential of the aide but harbor attitudes that militate against a more therapeutic role. Patients more than other groups see the aide in a protective role and seek out dependent and submissive relationships with him. Aides profess a desire to reduce their custodial functions and increase their treatment responsibility. They actually preferred more concrete, protective functions, however, and may become uncertain, apprehensive, and inept when more humanistic duties are expected of them. Doctors and nurses shared a commitment to the traditional hierarchical medical model and were critical of the intelligence, education, and competence of aides. They also believed that labor market conditions and low pay produce aides of a low caliber. The study casts serious doubts on the extent to which the role of the aide can be changed in a therapeutic direction. **(Abstracts for Social Workers)** **(64)**

LEE, ANNE NATALIE. The training of nonprofessional personnel. **Nursing Outlook** 6:4, April 1958. pp. 222-225.

An older program of inservice training in a mental deficiency hospital is described. Methods included an orientation program, a period of supervised

experience, and a 75-hour advanced course. In a new program, nurses who were to be instructors attended a two-day workshop sponsored by the American Hospital Association, the Natioinal League for Nursing, and the Public Health Service where they were introduced to methods of evaluating an aide's skills. By using a skill inventory, the teaching of aides became more specific and systematic. **(65)**

MAGEE, FRANCES E. In-service staff development at the Vermont State Hospital—a dynamic process in the teaching of psychiatric aides. IN Huessy, Hans R. (ed.). **Mental health with limited resources: Yankee ingenuity in low-cost programs.** New York: Grune & Stratton, 1966. pp. 106-112.

At the Vermont State Hospital, a two-year training program for aides is centered around the development of basic concepts and principles of patient care as a foundation from which skills, appreciations, and understandings can be further developed. The basic content and structure of the curriculum is given, as are the methods used in the course. These include lectures, small group discussions, films and other visual aids, clinical demonstrations, supervised work, role-playing, panel discussions, seminars, conferences, and ward experience. Advanced courses for the top echelon of psychiatric nursing personnel, who have completed the basic two-year course, include a 30-hour course in human relations and group dynamics and a 50-hour course in advanced clinical psychiatry. The latter involves field trips to other institutions and the preparation of verbal and written reports. **(66)**

NICKERSON, KENNETH S. Patient needs and trained helper functions in the mental hospital. IN **The community college in mental health training** (report of a conference to explore the role of the community college in training mental health workers). Atlanta, Ga.: Southern Regional Education Board, 1966. pp. 55-57.

Mental patients' needs for satisfactory interpersonal relationships, and for help with inadequately achieved developmental tasks, can be met by relatively healthy persons with limited training. Among possible roles are housekeeper, assistant to a professional, "buddy," skilled helper, and milieu therapist assistant. Details of these roles are given. The use of nonprofessionals with necessary basic personal characteristics can reduce the drain on professional resources and improve patient care. **(67)**

PRYER, MARGARET W., M. K. DISTEFANO, and MARY B. POE. Effects of training programs on psychiatric attendants. **Mental Hygiene** 50:1, January 1966. pp. 66-70.

The influence of a basic training course for psychiatric attendants upon job knowledge, job satisfaction, and attitudes toward mental health was investigated. Methods of investigation included the National League for Nursing Elementary Psychiatric Nursing Test, the Cornell Job Description Index, and a mental health attitude scale (constructed locally). Changes in job satisfaction and attitude of fifteen attendants in training were contrasted with similar measures on fifteen control (no training) attendants matched on basis of sex, age, length of employment, and verbal intelligence. Results suggested significant changes only in knowledge of job skills. The evaluation offered no evidence that training enhanced job satisfaction or mental health attitudes. **(68)**

ROBINSON, RACHEL and MELVIN ROMAN. New directions for the psychiatric aide **Nursing Outlook** 14:2, February 1966. pp. 27-30.

The training of psychiatric aides in a day hospital of the Bronx Municipal Hospital Center in New York City is discussed. Aides are expected to contribute to the attainment of the hospital's research and therapeutic goals and to share in planning and implementing the treatment program. The two major training objectives are to assist the aide in becoming an effective therapeutic agent and in achieving greater job satisfaction. For training, the aides attend interdisciplinary staff meetings, but their participation has been minimal. They also learn from the nurses with whom they work in nurse-aide teams, and they may attend the weekly informal nursing staff seminar. Improved aide functioning has been the result of this program. **(69)**

SHAWMEKER, WILLIAM F., WILLIAM C. DALY, and ALBERT J. SHAFTER. A multi-dimensional approach to child care aide training. **Training School Bulletin** 63:3, November 1966. pp. 124-127.

A child care aide training program being used by several residential centers in Illinois is described. There the aides take a three-hour credit college course in child development during their basic training program, with the idea that normal child development should be presented at the college and that deviations from the norms should be presented at the center. The course

consists of two 50-minute class periods, five days a week for six weeks with four essay examinations at the end. This is supplemented at the A. L. Bowen Children's Center by six hours each day of lectures, audiovisual aids, field trips, role-playing, buzz sessions, review and evaluation, and examination of materials related to the mentally retarded and the Center. **(70)**

TUCKER, ELIZABETH. Training, consultation, and supervision of staff in nursing homes and hospitals. IN **Mental health aspects of nursing home care.** Proceedings of a conference sponsored by the Massachusetts Departments of Public Health and of Mental Health and the National Institute of Mental Health. Chatham, Massachusetts. June 1-3, 1964. pp. 54-72.

The Washington State Nursing Home Association has held a number of workshops on emotional aspects of patient care for the staffs of nursing homes, with psychiatric nurses and social workers serving as teachers. Public health nurses in Washington have also had training programs on the aftercare of disharged nursing home patients. These vary from short workshops to periods of living and studying in a state mental hospital. **(71)**

VAUGHN, RUFUS, STANLEY TEITLEBAUM, and HELEN KEMPMAN. A research project in psychiatric aide training. **American Journal of Psychiatry**, vol. 119, December 1962. pp. 555-559.

This is a description of a program designed to train psychiatric aides and influence aide attitudes toward patient care. The project allotted one year divided into three four-month periods during which time a total of sixty patients would be under the care of a research team. The hope was that the aides' custodial attitudes would give way to more humanistic ones. A research team and superior aides worked directly with a small number of trainees, and a control group was set up in order that an evaluation could be made. Twice a week each group had clinical meetings at which the emphasis was on problem-solving discussion, and once a week the aides met in a group to focus on group problems. The prime emphasis of the training program was on providing an intensive experience with professionals. There were many problems. The program itself was not an effective means of bringing about attitude changes or significantly changing group performance. **(72)**

WARME, G. E. Consulting with aide-therapists; a revised role for the mental hospital psychiatrist. **Archives of General Psychiatry** (Chicago) 13:5, November 1965. pp. 432-438.

The training of psychiatric aides in psychotherapy required a reorganization of the ward's social structure. When psychiatric aides assumed almost complete therapeutic responsibility, multiple problems were presented to the consulting psychiatrist. Consulting techniques and role problems are discussed. **(73)**

VOLUNTEERS

General

AMERICAN PSYCHIATRIC ASSOCIATION. **The volunteer and the psychiatric patient.** Washington, D.C.: American Psychiatric Association, 1959. 124 pp.

Chapter 3 (pages 19-33) of this book is a discussion of the recruitment and training of volunteers. Four phases of training are: orientation (to the hospital and the field of mental health), training for the volunteer, inservice training, and refresher and advanced training. Through individual and group supervision, conferences and meetings, seminars and workshops, he learns about the progress of each individual patient and how he can help further that progress. Content of training is discussed generally. A chart in Appendix 8 indicates volunteer training programs in the United States. An annotated bibliography is included. **(74)**

BRIDGES, JESSE and SISTER MARY BEATRICE. Volunteer workers in mental health. **Canadian Nurse** 60:1, February 1964. pp. 135-138.

Two nurses designed a program for volunteers who are members of the Canadian Mental Health Association whose major goal was to bring the outside world to the mentally ill. Methods used in the thirty hours of the orientation course were lectures, films, charts, role-playing, a field trip, and reports given from a selected bibliography. Coordination of volunteer services and continuing supervision are necessary in order to maintain the program at a safe and useful level. **(75)**

CARLETTI, JUNE A. Volunteers provide companionship therapy under social service supervision. **Mental Hospitals** 15:12, December 1964. pp. 691-693.

One aspect of the volunteer program at the Leech Farm Veterans Administration Neuropsychiatric Hospital in Pittsburgh is described. Social workers talk with a prospective volunteer, trying through brief descriptions of the kinds of situations she may find herself in to help her understand what companionship therapy entails. The volunteer is then given some information about her patient and begins working with him. **(76)**

HUBBELL, HULDA. Principles of volunteer development. IN **Volunteer service development in state programs for the mentally ill and retarded: conferences for hospital administrators and directors of volunteer programs** (conducted by the Connecticut Department of Mental Health). Stratford, Connecticut. November 11-16, 1962. pp. 21-31.

A training program in which staff members participate is outlined. This program consists of three days of lectures, tours, and discussions. The content, purpose, and time to be spent on each unit are given. **(77)**

NILSSON, GERTRUDE L. The citizen volunteers in the cause of mental health. **Mental Hygiene** 35:3, July 1951. pp. 373-385.

In 1949, the Maryland Occupational Therapy Society approached the state Mental Hygiene Society with an offer to provide a training course for fifteen occupational-therapy volunteer assistants, if the latter organization would provide the volunteers. The course requires seventy hours of training and a pledge of 150 hours of service. "Social-therapists"—lay volunteers who help mental patients by simply being friendly to them—developed out of some of the applicants for the occupational therapy course. The whole program is conducted experimentally. The training courses themselves are undertaken critically. At the close of every course, there is an evaluation meeting of the volunteers themselves which is useful in determining the kind of preparation they need to fit them for their work. **(78)**

SINGER, EDWARD I. and EDGAR W. GUILFORD. . . . Step . . . by . . . step . . . to foster-family training. **Mental Hospitals** 15:10, October 1964. pp. 555-560.

Steps taken to improve the training program given by the Veterans Administration Hospital in American Lake, Washington, to those who take disabled psychotic veterans into their homes to live are described. The annual meetings which the hospital had held with the sponsors, or foster families, were changed to biannual, and the lectures were supplemented by question-and-answer sessions, discussions, buzz groups, and

panels. Each meeting was centered around one basic topic. Topic examples given were the role of volunteers in the rehabilitation of outpatient veterans, utilization by the foster family of information given by the hospital, and recreation. **(79)**

Volunteer services in mental hospitals (report of the Institute for Directors of Volunteer Services in Mental Hospitals. Topeka, Kansas. February 8-19, 1960). New York: National Association for Mental Health, 1961. 255 pp.

Contents are indicated by chapter headings: (1) The Patient; (2) The Hospital; (3) The Community; (4) A Philosophy of the Volunteer Program; (5) The Volunteer; (6) Organization of a Department of Volunteer Services; (7) The Director of Volunteer Services; (8) Recruiting; (9) Interviewing and Selection; (10) Orientation and Training; (11) Assignment; (12) Supervision; (13) Recognition; (14) Forms, Records, and Reports; (15) Public Relations; (16) The Role of the State Co-ordinator of Volunteer Services; and (17) Evaluating the Volunteer Program. The appendix contains a roster of participants and faculty of the Institute and a list of books and pamphlets on mental health and volunteer services useful to directors of volunteer services and to volunteers themselves. The chapter on orientation and training presents general guidelines for orientation, training (involving four stages: preparation, teaching, letting the trainee perform the job, and follow-up), and the use of manuals. It is pointed out that "supervision basically is training; a good supervisor should be a good teacher, devoting a considerable part of his time to showing, telling, and explaining the job to those who work under his direction." The term "mental hospital," as used here, includes public facilities for the mentally ill and mentally retarded. **(80)**

Adolescent and Student Workers

BECK, JAMES C., DAVID KANTOR, and VICTOR A. GELINEAU. Follow-up study of chronic psychotic patients "treated" by college case-aid volunteers. **American Journal of Psychiatry**, vol. 120, September 1963. pp. 269-271.

An evaluation of Harvard's undergraduate case-aid volunteer program indicates that it has been successful. Each volunteer sees one chronic patient weekly through an academic year. Results from data on 120 patients, who had been seen between 1954 and 1961, showed that 31% (or 37) of the patients left the hospital while working with students and that seven additional patients left several months after case-aid work. Discharged patients had an average total period of hospitalization significantly less than that of the undischarged ones. Success is at least partially attributed to the following factors: the volunteer-patient relationship is maintained for a long time and it is characterized by a looseness of role definition allowing both members a wide range of activities, including some beyond the walls of the hospital. Group meetings and the supervisor are important aspects of a satisfying experience for the students. **(81)**

CYTRYN, LEON and AUDREY UIHLEIN. Training of volunteers in the field of mental retardation—an experiment. **American Journal of Orthopsychiatry** 35:3, April 1965. pp. 493-499.

An experimental project using adolescent volunteers in an institution for mentally retarded children was carried out over an eight-month period. The seven participants were assigned to individual children and had contact with them at least once a week. They also met weekly in informal meetings with a psychologist and child psychiatrist. Meetings included theoretical discussions and case studies. Adolescents can be used successfully as volunteers in institutions for the mentally retarded and can be attracted to the field as a future career by using this method. **(82)**

HOLZBERG, JULES D. The companion program: implementing the manpower recommendations of the Joint Commission on Mental Illness and Health. **American Psychologist** 18:4, April 1963. pp. 224-226.

Barriers to recruitment of mental health personnel are outlined. In an attempt to alter the idea that treatment of mental illness is mechanical, a program for training college student volunteers was set up, emphasizing the companionship each student could develop with a patient. During the school year, the students spent one hour a week with a patient and one hour in a group discussion which also included didactic material. Besides altering the students' viewpoints, the program may attract some to the mental health professions. The program has been extended to adult volunteers. **(83)**

REINHERZ, HELEN. Leadership of student volunteers. **Mental Hospitals** 13:11, November 1962. pp. 600, 602.

The inservice training of Harvard-Radcliffe student volunteers in the State hospital at Waltham, Massachusetts is described. Students spent an hour to an hour-and-a-half each week with individual patients, meeting as a group with the supervisor immediately afterwards. Every two weeks the supervisor saw each student individually for counseling and discussion. The teacher's role is described in detail. **(84)**

TEBOR, IRVING B. and GARY M. SIRBU. A pilot project in California's mental health summer work-study program. **Mental Hygiene** 47:1, January 1963. pp. 63-68.

In the summer of 1961, a mental health work-study program was conducted as a pilot project in California by the University of the Pacific in Stockton in collaboration with the California Department of Mental Hygiene, the California Association for Mental Health, and the Western Interstate Commission of Higher Education. The aims of the program were to introduce selected college and university students to the mental health professions through a course of academic study and through experiences as student professional assistants in six mental hospitals and one hospital for the mentally retarded in the north portion of the state. Forty-five students were selected for the ten-week course, for which they received $281 per month. The first week was spent in intense academic study. Lectures and discussions were conducted on a variety of relevant topics. A core bibliography and a required text were used. The last eight weeks were spent in field experience in one of seven state hospitals to provide orientation to the operation of a hospital and the roles of the various professions incorporated there. There were bi-weekly seminars at each participating hospital on the roles of the individual mental health professions. There were also group meetings and a one-day workshop. The tenth week was spent largely in evaluating the program through the faculty-coordinator's interviews with each of the students. The seven coordinators and the forty-five students evaluated the overall program in written evaluations. Results were favorable. **(85)**

WANDERER, ZEV W. and MANNY STERNLICHT. Psychology students work with retardates. **Mental Hospitals** 15:5, May 1964. pp. 271-272.

This report describes the experience of Willowbrook State School, New York, the largest known institution for the mentally retarded, with four psychology graduate students who worked one summer as volunteers. As training, the students spent a week doing supervised ward work, a week learning how to administer tests, and a week watching the tests administered by others. Later they took didactic courses in administering and interpreting projective tests, attended staff conferences, and had individual conferences with their supervisors. By the fourth week, they were able to administer intelligence tests. Though the training and supervision took so much time that little or no net time was gained by the use of volunteers, the program was intellectually stimulating to both staff and volunteers and helped qualify the volunteers for fellowships and better jobs. **(86)**

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